# CONTRACTOR'S QUALIFICATIONS AND FINANCIAL INFORMATION

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## SECTION I - GENERAL INFORMATION

1A. NAME

1B. STREET ADDRESS

1C. CITY | 1D. STATE | 1E. ZIP CODE

2. TYPE OF ORGANIZATION *(Check one)*

- ☐ A. SOLE PROPRIETORSHIP
- ☐ B. GENERAL PARTNERSHIP
- ☐ C. LIMITED PARTNERSHIP
- ☐ D. CORPORATION
- ☐ E. SUBCHAPTER S CORPORATION
- ☐ F. LIMITED LIABILITY COMPANY
- ☐ G. JOINT VENTURE
- ☐ H. TRUST
- ☐ I. OTHER *(Specify below)*

3. TAXPAYER ID NUMBER

4. DATE ORGANIZATION ESTABLISHED

5. STATE OF INCORPORATION

6. TRADE STYLE NAME *(Provide a copy of filing)*

7. KIND OF PRODUCT OR SERVICE PROVIDED

8. FORMER BUSINESS NAME

9. KIND OF BUSINESS

- ☐ A. MANUFACTURER
- ☐ B. CONTRACTOR
- ☐ C. WHOLESALER
- ☐ D. RETAILER
- ☐ E. OTHER *(Specify)*

10. INVENTORY VALUATION METHOD

- ☐ A. LIFO
- ☐ B. FIFO
- ☐ C. AVERAGE COST
- ☐ D. OTHER *(Specify)*

11. OWNERSHIP INFORMATION-PARTNERS-PRINCIPAL STOCKHOLDERS-OTHERS

| NAME | TITLE *(If partner, state G(General) or L(Limited) in column)* | | % BUSINESS OWNED |
|---|---|---|---|
| | ACTUAL TITLE | G OR L | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

12. PARENT COMPANY *(If applicable)*

A. NAME

B. CITY | C. STATE

| 13. IF "YES" TO ANY QUESTION BELOW, PROVIDE DETAILED INFORMATION IN SECTION VIII, REMARKS | YES | NO |
|---|---|---|
| A. HAVE YOU, OR ANY OF YOUR AFFILIATES EVER FILED FOR BANKRUPTCY? | ☐ | ☐ |
| B. DO YOU HAVE ANY JUDGMENTS, LIENS, OR PENDING SUITS? | ☐ | ☐ |
| C. DO YOU HAVE ANY CONTINGENT LIABILITIES? | ☐ | ☐ |
| D. HAVE YOU OR ANY OF YOUR AFFILIATES DISC. BUSINESS OPER. W/OUTSTANDING DEBTS? | ☐ | ☐ |

## SECTION II - GOVERNMENT FINANCIAL AID AND INDEBTEDNESS

14A. ARE YOU DELINQUENT ON ANY FEDERAL DEBT (OMB CIRCULAR A-129)
*(If "Yes", provide detailed information, Section VIII, Remarks)*
☐ YES ☐ NO

14B. DO YOU OWE THE GOVERNMENT FOR ANY CONTRACT OR OTHER CLAIMS?
☐ YES ☐ NO

IF "YES", COMPLETE THE ITEMS BELOW

| AGENCY | CLAIM AMOUNT | PAYMENT | MATURITY | BALANCE |
|---|---|---|---|---|
| | | | | |

15A. AGENCY INVOLVED WITH DELINQUENCY

15B. AMOUNT OF DELINQUENCY ($)

16. ARE YOU CURRENTLY RECEIVING GOVERNMENT FINANCING?
☐ YES
☐ NO *(Go to Section III )*

17. COMPLETE ITEMS BELOW IF APPLICABLE

| TYPE OF FINANCING | AUTHORIZED ($) | IN USE ($) | GOVERNMENT AGENCY INVOLVED |
|---|---|---|---|
| A. INDUSTRIAL REVENUE BONDS | | | |
| B. GUARANTEED LOANS | | | |
| C. ADVANCED PAYMENTS | | | |
| D. PROGRESS PAYMENTS | | | |
| E. OTHER *(Specify)* | | | |

## SECTION III - FINANCIAL STATEMENTS

Prepared Financial Statements **with notes** may be provided in lieu of completing Section III

When financial statements are prepared or certified by independent accountants and transcribed to this form, please furnish the name and address of accountant of accounting firm.

18. ARE YOU THE INCUMBENT CONTRACTOR FOR THIS SOLICITATION? ☐ YES ☐ NO

19A. NAME

19B. STREET ADDRESS

19C. CITY | 19D. STATE | 19E. ZIP CODE

20. IF TRANSCRIBED STATEMENTS DIFFER FROM INDEPENDENT ACCOUNTANT'S, PLEASE DESCRIBE ADJUSTMENT IN SECTION VII, REMARKS. ALL OF THE LISTED FIGURES ARE:

☐ ACTUAL ☐ U.S. DOLLARS

☐ IN THOUSANDS ☐ FOREIGN CURRENCY *(Specify)*

☐ IN MILLIONS

21. BALANCE SHEET AS OF *(Month, Day, Year)*

22. FISCAL YEAR ENDS *(Month, Day, Year)*

23. PREPARED STMTS. ☐ ARE ATTACHED

| 24. ASSETS | | 25. LIABILITIES AND NET WORTH | |
|---|---|---|---|
| **A. Current Assets** | | **A. Current Liabilities** | |
| Cash | | Accounts payable | |
| Short Term cash investments | | Notes payable (current) | |
| Accounts receivable, less allowance for doubtful accounts of $ | | Current portion of long term debt | |
| | | Accrued expenses | |
| Inventories | | Accrued taxes on income/excess profits | |
| Other current assets *(Itemize below)* | | Other current liabilities *(Itemize)* | |
| | | | |
| | | | |
| **Total Current Assets** | | **Total Current Liabilities** | |
| **B. Property, Plant and Equipment** | | **B. Other Liabilities** | |
| Land | | Mortgages | |
| Buildings and equipment | | Bonds | |
| Leasehold improvements | | Deferred income taxes | |
| Less accumulated depreciation and amortization | | Other long term debt | |
| **Total Property, Plant and Equipment** | | **Total Other Liabilities** | |
| **C. Other Assets** | | **Total Liabilities** | |
| Investments in and advance to affiliated company | | **C. Minority Interest in Subsidiary** | |
| Goodwill, less amortization | | **D. Net Worth** | |
| Due from officer, employee | | Preferred stock | |
| Other *(Itemize)* | | Common stock | |
| | | Additional paid-in capital | |
| | | Retained earnings/owner's equity | |
| | | Less, Treasury stock | |
| **Total Other Assets** | | **Total Net Worth** | |
| **D. TOTAL ASSETS** | | **E. TOTAL LIABILITIES AND NET WORTH** | |

## SECTION IV - INCOME STATEMENT

26. FROM *(Month, Day, Year)*

27. TO *(Month, Day, Year)*

### 28. INCOME

| | | | |
|---|---|---|---|
| **A. Net Sales** | | Minority Interest in Earnings of Subsidiaries | |
| Cost and Expenses | | **Total Costs and Expenses** | |
| Cost of Goods Sold | | | |
| Depreciation and Amortization | | | |
| Selling, General, and Admin. Expenses | | Earnings Before Taxes | |
| Interest Expense | | Taxes on Income | |
| Other Expenses *(Itemize)* | | Income Before Extraordinary Items | |
| | | Extraordinary Gains (Losses) Net of Taxes | |
| | | **NET INCOME (LOSS)** | |

## SECTION V - BANKING AND FINANCE COMPANY INFORMATION

***(Please attach a separate sheet using this format for any additional banks.)***

| ITEM | BANK 1 | | | | BANK 2 | | | |
|---|---|---|---|---|---|---|---|---|
| 29. Name of Bank | | | | | | | | |
| 30. Contact Person | | | | | | | | |
| 31. Phone Number | AREA CODE | NUMBER | | EXT. | AREA CODE | NUMBER | | EXT. |
| 32. Fax Number | AREA CODE | NUMBER | | | AREA CODE | NUMBER | | |
| 33. Address | STREET ADDRESS | | | | STREET ADDRESS | | | |
| | CITY | | STATE | ZIP CODE | CITY | | STATE | ZIP CODE |
| 34. Amount Owing ($) | | | | | | | | |
| 35. Term Loans | ☐ Yes | | ☐ No | | ☐ Yes | | ☐ No | |
| 36. Line of Credit | ☐ Yes | | ☐ No | | ☐ Yes | | ☐ No | |
| 37. Maximum Amount Authorized ($) | | | | | | | | |
| 38. Amount Outstanding ($) | | | | | | | | |

39. Loans Secured by Company's Assets - Real and Personal Property

| | | | | | |
|---|---|---|---|---|---|
| A. | SECURED PARTY NAME | | CONTACT NAME | | |
| | STREET ADDRESS | CITY | | STATE | ZIP CODE |
| | SECURING ASSETS | | MATURITY DATE | MONTHLY PAYMENT ($) | |
| B. | SECURED PARTY NAME | | CONTACT NAME | | |
| | STREET ADDRESS | CITY | | STATE | ZIP CODE |
| | SECURING ASSETS | | MATURITY DATE | MONTHLY PAYMENT ($) | |
| C. | SECURED PARTY NAME | | CONTACT NAME | | |
| | STREET ADDRESS | CITY | | STATE | ZIP CODE |
| | SECURING ASSETS | | MATURITY DATE | MONTHLY PAYMENT ($) | |
| D. | SECURED PARTY NAME | | CONTACT NAME | | |
| | STREET ADDRESS | CITY | | STATE | ZIP CODE |
| | SECURING ASSETS | | MATURITY DATE | MONTHLY PAYMENT ($) | |

| 40. ARE ANY OF THE ASSETS SHOWN ON THE BALANCE SHEET PLEDGED OR MORTGAGED, EXCEPT AS STATED ABOVE? | 41A. IF CONTRACTOR IS A PARTNERSHIP OR SOLE PROPIERTORSHIP, ARE THE INDIVIDUAL LIABILITIES OF THE PROPIETOR(S) FOR FEDERAL AND STATE INCOME AND/OR EXCESS PROFIT TAXES INCLUDED ON THE BALANCE SHEET? | 41B. TOTAL LIABILITY ($) |
|---|---|---|
| ☐ NO ☐ YES *(Explain in Section VII, Remarks)* | ☐ YES ☐ NO | |

42. ARE YOU NOW IN OR PENDING DEFAULT ON ANY OBLIGATIONS, I.E., BANKS, FINANCIAL INSTITUTIONS, SUPPLIERS, OTHER?

☐ NO ☐ YES *(Provide detailed information in Section VII, Remarks)*

## SECTION VI - PRINCIPAL MERCHANDISE OR RAW MATERIAL SUPPLIER INFORMATION
***(Please attach separate sheet(s) using this format for additional suppliers.)***

43. PAST DUE ACCOUNTS PAYABLE ($)

| ITEM | 44. SUPPLIER 1 | | | 45. SUPPLIER 2 | | |
|---|---|---|---|---|---|---|
| A. Name of Supplier | | | | | | |
| B. Contact Person | | | | | | |
| C. Telephone | AREA CODE | NUMBER | EXT. | AREA CODE | NUMBER | EXT. |
| D. Fax | AREA CODE | NUMBER | | AREA CODE | NUMBER | |
| E. Address | STREET ADDRESS | | | STREET ADDRESS | | |
| | CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| F. Amount Now Owing ($) | | | | | | |
| G. High Credit ($) | | | | | | |

| ITEM | 46. SUPPLIER 3 | | | 47. SUPPLIER 4 | | |
|---|---|---|---|---|---|---|
| A. Name of Supplier | | | | | | |
| B. Contact Person | | | | | | |
| C. Telephone | AREA CODE | NUMBER | EXT. | AREA CODE | NUMBER | EXT. |
| D. Fax | AREA CODE | NUMBER | | AREA CODE | NUMBER | |
| E. Address | STREET ADDRESS | | | STREET ADDRESS | | |
| | CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| F. Amount Now Owing ($) | | | | | | |
| G. High Credit ($) | | | | | | |

## SECTION VII - CONSTRUCTION/SERVICE CONTRACTS INFORMATION *(Public Buildings Service Contracts Only)*

CONTRACTS IN FORCE

| ITEM | 48. CONTRACT 1 | | | 49. CONTRACT 2 | | |
|---|---|---|---|---|---|---|
| A. Location | | | | | | |
| B. Owner's Name | | | | | | |
| C. Address | STREET ADDRESS | | | STREET ADDRESS | | |
| | CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| D. Type of Work | | | | | | |
| E. Contract Amt. ($) | | | | | | |
| F. % Completed | | | | | | |
| G. Est. Comp. Date | | | | | | |

| ITEM | 50. CONTRACT 3 | | | 51. CONTRACT 4 | | |
|---|---|---|---|---|---|---|
| A. Location | | | | | | |
| B. Owner's Name | | | | | | |
| C. Address | STREET ADDRESS | | | STREET ADDRESS | | |
| | CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| D. Type of Work | | | | | | |
| E. Contract Amt. ($) | | | | | | |
| F. % Completed | | | | | | |
| G. Est. Comp. Date | | | | | | |

| ITEM | 52. CONTRACT 5 | | | 53. CONTRACT 6 | | |
|---|---|---|---|---|---|---|
| A. Location | | | | | | |
| B. Owner's Name | | | | | | |
| C. Address | STREET ADDRESS | | | STREET ADDRESS | | |
| | CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| D. Type of Work | | | | | | |
| E. Contract Amt. ($) | | | | | | |
| F. % Completed | | | | | | |
| G. Est. Comp. Date | | | | | | |

| ITEM | 54. CONTRACT 7 | | | 55. CONTRACT 8 | | |
|---|---|---|---|---|---|---|
| A. Location | | | | | | |
| B. Owner's Name | | | | | | |
| C. Address | STREET ADDRESS | | | STREET ADDRESS | | |
| | CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| D. Type of Work | | | | | | |
| E. Contract Amt. ($) | | | | | | |
| F. % Completed | | | | | | |
| G. Est. Comp. Date | | | | | | |

LARGEST JOBS YOU HAVE COMPLETED IN THE LAST FIVE YEARS

| ITEM | 56. JOB 1 | | | 57. JOB 2 | | |
|---|---|---|---|---|---|---|
| A. Location | | | | | | |
| B. Contact's Name | | | | | | |
| C. Address | STREET ADDRESS | | | STREET ADDRESS | | |
| | CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| D. Telephone | AREA CODE | NUMBER | EXT. | AREA CODE | NUMBER | EXT. |
| E. Type of Work | | | | | | |
| F. Contract Amt. ($) | | | | | | |
| G. Amount Sublet ($) | | | | | | |

| ITEM | 58. JOB 3 | | | 59. JOB 4 | | |
|---|---|---|---|---|---|---|
| A. Location | | | | | | |
| B. Contact's Name | | | | | | |
| C. Address | STREET ADDRESS | | | STREET ADDRESS | | |
| | CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| D. Telephone | AREA CODE | NUMBER | EXT. | AREA CODE | NUMBER | EXT. |
| E. Type of Work | | | | | | |
| F. Contract Amt. ($) | | | | | | |
| G. Amount Sublet ($) | | | | | | |

| ITEM | 60. JOB 5 | | | 61. JOB 6 | | |
|---|---|---|---|---|---|---|
| A. Location | | | | | | |
| B. Contact's Name | | | | | | |
| C. Address | STREET ADDRESS | | | STREET ADDRESS | | |
| | CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| D. Telephone | AREA CODE | NUMBER | EXT. | AREA CODE | NUMBER | EXT. |
| E. Type of Work | | | | | | |
| F. Contract Amt. ($) | | | | | | |
| G. Amount Sublet ($) | | | | | | |

| LIST COMPANIES FROM WHOM YOU OBTAIN SURETY BONDS | | | | | | | |
|---|---|---|---|---|---|---|---|
| ITEM | 62. SURETY COMPANY 1 | | | | 63. SURETY COMPANY 2 | | |
| A. Company Name | | | | | | | |
| B. Contact's Name | | | | | | | |
| C. Telephone | AREA CODE | NUMBER | | EXT. | AREA CODE | NUMBER | EXT. |
| D. Fax | AREA CODE | NUMBER | | | AREA CODE | NUMBER | |
| E. Address | STREET ADDRESS | | | | STREET ADDRESS | | |
| | CITY | | STATE | ZIP CODE | CITY | STATE | ZIP CODE |

| 64. PRESENT AMOUNT OF BONDING COVERAGE ($) | 65. HAS YOUR APPLICATION FOR SURETY BOND EVER BEEN DECLINED? *(If Yes, please provide detailed information in Remarks)* | 66. DURING THE PAST 2 YEARS, HAVE YOU BEEN CHARGED WITH A FAILURE TO MEET THE CLAIMS OF YOUR SUBCONTRACTORS OR SUPPLIERS? *(If Yes, please provide detailed information in Remarks)* |
|---|---|---|
| | ☐ YES ☐ NO | ☐ YES ☐ NO |

## SECTION VIII - REMARKS

REMARKS *(Cite those sections of the form relating to your remarks. If additional space is required, attach additional sheet(s).)*

## CERTIFICATION

For the purpose of establishing financial responsibility with, or procuring credit from the General Services Administration, we furnish the above as a true and correct statement of our financial condition and further certify that all other statements are true and correct. There has been no material change in the applicant's financial condition since the date of the above statement. We agree to notify you immediately in writing of any materially unfavorable change in our financial condition. In the absence of such notice or of a new and full financial statement, this is to be considered as a continuing statement.

| NAME OF BUSINESS | BY *(Signature of Authorized Official)* | |
|---|---|---|
| | NAME OF AUTHORIZED OFFICIAL *(Type or print)* | DATE |
| | TITLE OF AUTHORIZED OFFICIAL *(Type or print)* | |