Calvert County Public Schools

1305 Dares Beach Road

Prince Frederick, MD 20678

# CONTRACTOR’S QUALIFICATION

# QUESTIONNAIRE

**FORMS SHALL BE RETURNED TO:**

**(hard copy or electronically)**

Calvert County Public Schools

Attn: Brittany Gibson

Planning and Construction Specialist

1305 Dares Beach Road

Prince Frederick, MD 20678

443-550-8766

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### CONTRACTOR'S QUALIFICATION QUESTIONNAIREFORPUBLIC SCHOOL CONSTRUCTION PROGRAM

***THE BOARD OF EDUCATION OF CALVERT COUNTY***

This questionnaire is intended as a basis for establishing the qualifications of Contractors for undertaking Construction Work under the jurisdiction of the Board of Education.

If a contractor has not submitted to the Board this form setting forth his/her qualifications to the satisfaction of the Superintendent of Schools, he/her (the Contractor) shall be ineligible to receive construction documents for bidding or for contract award for such work as may be handled through the Board of Education. **Certification of Qualification shall be valid for one (1) year only**. Renewal must be applied for before expiration of current approval.

1. **– GENERAL INFORMATION**
	1. Legal Name and Address of Organization:

Company Name:

Contact Name:

Contact Title:

Address:

Town, State & Zip:

Telephone:

Company Website:

E-mail:

*(A valid email address is required for communication regarding this questionnaire and future advertisements and solicitations)*

* 1. Corporation or LLC [ ]  Co-Partnership [ ]  Individual [ ]  (*check one)*

*(complete section 1 below) (complete section 2 below) (complete section 3 below)*

* + 1. **If a Corporation:**

Date of Incorporation:        State in which Incorporated:

|  |  |
| --- | --- |
| Name and Title of Principal Officers | Date of Assuming Position |
|       |       |
|       |       |
|       |       |

* + 1. **If a Co-Partnership:**

Date of Organization:        Nature of Partnership (Gen., Ltd. Assoc.):

|  |  |
| --- | --- |
| Name | Address |
|       |       |
|       |       |
|       |       |

* + 1. **If an Individual:**

Full Name and Address of Owner

Name:    \_\_

Address:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town, State & Zip:      \_

* 1. Is any member of your organization employed by CCPS or in any way officially connected with CCPS? [ ] Yes [ ] No

If yes, please explain:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   .

* 1. Does your organization have previous experience working in a K-12 school environment? [ ] Yes [ ] No If yes, please provide examples including Project Name/Scope and School agencies:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   .
	2. Has your organization ever been part of any litigation because of construction methods, costs, etc.? [ ] Yes [ ] No

If yes, please explain:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   .

* 1. Provide information (location, owner, scope, value, etc.) concerning any construction projects you may have failed to complete (attach separate sheet if necessary). If none, state N/A.

   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  .

* 1. Has your organization ever been formally barred from performing work for the State of Maryland, a county agency, or Maryland school system? [ ] Yes [ ] No

If yes, please explain:

   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  .

* 1. If operating as a general contractor, has your present or past bonding company ever been requested to act against you due to performance or payment related issues? [ ] Yes [ ] No

If yes, please explain:

   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  .

1. **– FINANCIAL INFORMATION**
	1. Provide the value of all construction equipment owned by your organization: $   \_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. List all major items of equipment fully owned by organization, giving approximate value and age. (If not fully owned, so state.) *(Add additional sheet(s) as necessary.)*

|  |  |  |
| --- | --- | --- |
| Item | Age | Value |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

* 1. Give the value of total assets of your organization (including equipment value above).

$   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Give value of total liabilities of your organization. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Give the total contract value of work accomplished by your organization in each of the last three (3) years.

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_     Date:

$  \_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date:

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_     Date:

* 1. Give contract value of work presently in progress by your organization or pending award to your organization.

$      Date:

* 1. Give value of any judgments or liens outstanding against your organization. $
	2. Has any bonding company refused to write you a bond on any construction work?

[ ] Yes [ ] No If yes, explain:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  .

* 1. Has your performance or payment bond ever been called upon for any of your projects? [ ] Yes [ ] No If yes, explain:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  .
	2. Give the **maximum value per project** for which you can obtain Bond. $
	3. Give the **maximum aggregate amount** for which you can obtain Bond. $
	4. Is your organization able to obtain Performance & Payment bonds from a Surety registered in Maryland with a financial rating of “A- “or better in the Best’s Key Rating Guide? [ ] Yes [ ] No
1. **– EXPERIENCE**
	1. Indicate type(s) of contracting undertaken by your organization and years of experience:

[ ]  General Contractor: Years

[ ]  Subcontractor:

Trade/discipline:        Years

Trade/discipline:        Years

* 1. State experience of principal members of your organization. Include name, title, years of construction experience, type of work performed, and in what capacity (i.e., Foreman, Superintendent, etc.) *(Add additional sheet(s) as necessary)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | TITLE (President, Manager, etc.) | YEARS OF CONSTRUCTION EXPERIENCE | TYPE OF WORK(Houses, apartments, hospitals, etc.) | CAPACITY(Foreman, Supt., etc.) |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

* 1. Give any special qualifications of firm members (Registered Architect or Engineer, Surveyor, Licensed Plumber, Master Electrician, etc.)
	2. List principal projects completed by your organization of relevance:

*(Add additional sheet(s) as necessary.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Name, Owner & Location | General or Subcontractor (if sub, what type of work) | Your Contract Amount | Year | Scope of Work |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

* 1. (1) What is the monetary value of the largest project ever accomplished by your organization?

$

1. What is the monetary value of the largest project accomplished by your organization in the last three (3) years: $
2. Maximum value of a project you prefer to undertake: $
3. Price range of work your organization is deemed best adapted to undertake: $
	1. Is your organization licensed in the State of Maryland for the current year?

[ ] Yes [ ] No If yes: Expiration date:       .

License number:       .

**(If licensed in Maryland, include a copy of your current Maryland license with this questionnaire)**

* 1. Is your organization certified as a Minority Business Enterprise\* [ ]  Yes [ ]  No

If yes, provide Maryland Department of Transportation Certification # \_\_\_\_\_\_\_\_

 Month/Year Certified      /     .

**\* Minority Business Enterprise certification as defined by The Office of Minority Business Enterprise and Equal Opportunity, Maryland Department of Transportation. Date indicates month and year of approval of current certification.**

* 1. If General Contractor, list subcontractors in various fields who have worked under you:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. If Sub-contractor, list General Contractors for whom you have worked:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. List four (4) references for whom your company has provided services; within the last (3) years. This section must be completed in its entirety.

1. Company Name:

Contact Person:

Telephone:

E-mail:

Project Location/Description:

Date of Work:

2. Company Name:

Contact Person:

Telephone:

E-mail:

Project Location/Description:

Date of Work:

3. Company Name:

Contact Person:

Telephone:

E-mail:

Project Location/Description:

Date of Work:

4. Company Name:

Contact Person:

Telephone:

E-mail:

Project Location/Description:

Date of Work:

**The above statements are certified to be true and accurate**.

Dated at       this       day of      .

By:

Title

Name of Organization

State of

County of

       being duly sworn states that he/she is        (title) of        and that the answers to the foregoing questions and all statements therein contained are true and correct.

Sworn to before me this       day of       , 20     .

Notary Public

My Commission expires