



# Calvert County Public Schools

1305 Dares Beach Road  
Prince Frederick, MD 20678

## **CONTRACTOR'S QUALIFICATION QUESTIONNAIRE**

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### **FORMS SHALL BE RETURNED TO: (hard copy or electronically)**

Calvert County Public Schools  
Attn: Wayne Gleason, PMP, LEED AP  
Supervisor of Planning and Construction  
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Prince Frederick, MD 20678  
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CONTRACTOR'S QUALIFICATION QUESTIONNAIRE  
 FOR  
 PUBLIC 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.

**PART I. - GENERAL INFORMATION**

a. Legal Name and Address of Organization:

Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Contact Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Town, State & Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

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

b. 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

(2) **If a Co-Partnership:**

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

Name	Address

(3) **If an Individual:**

Full Name and Address of Owner

Name: \_\_\_\_\_

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

Town, State & Zip: \_\_\_\_\_

- c. List 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

- d. Is any member of your organization employed by CCPS or in any way officially connected with CCPS? Yes No

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

- e. Give name and data (location, Owner, scope, value, etc.) concerning any construction projects you may have failed to complete (attach separate sheet if necessary). If none, state NONE or N/A

\_\_\_\_\_.

- f. Has your organization ever been part of any litigation as a result of construction methods, costs, etc.? Yes No

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

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**PART II. - FINANCIAL INFORMATION**

- a. Give value of all construction equipment owned by your organization. \$\_\_\_\_\_
- b. Give value of total assets of your organization (including equipment value above).  
\$\_\_\_\_\_
- c. Give value of total liabilities of organization. \$\_\_\_\_\_
- d. Give total contract value of work accomplished by your organization in each of the last three (3) years.  
\$\_\_\_\_\_ Date: \_\_\_\_\_  
\$\_\_\_\_\_ Date: \_\_\_\_\_  
\$\_\_\_\_\_ Date: \_\_\_\_\_
- e. Give contract value of work presently being accomplished by, or pending award to your organization.  
\$\_\_\_\_\_ Date: \_\_\_\_\_

- f. Give value of any judgments or liens outstanding against your organization. \$\_\_\_\_\_
- g. Has any Bonding Company refused to write you a bond on any construction work?  
Yes No. If yes, explain why \_\_\_\_\_.
- h. Give maximum value per project for which you could obtain Bond. \$\_\_\_\_\_
- i. Give maximum aggregate amount for which you can obtain Bond. \$\_\_\_\_\_

**PART III. - EXPERIENCE**

a. Indicated type(s) of contracting undertaken by your organization and years of experience:

- General Contractor: Years \_\_\_\_\_
- Subcontractor:  
 Trade/discipline: \_\_\_\_\_ Years \_\_\_\_\_  
 Trade/discipline: \_\_\_\_\_ Years \_\_\_\_\_

b. State construction 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.):

<b>NAME</b>	<b>TITLE (President, Manager, etc.)</b>	<b>YEARS OF CONSTRUCTION EXPERIENCE</b>	<b>TYPE OF WORK (Houses, apartments, hospitals, etc.)</b>	<b>IN WHAT CAPACITY (Foreman, Supt., etc.)</b>

c. Give any special qualifications of firm members (Registered Architect or Engineer, Surveyor, Licensed Plumber, Master Electrician, etc.) \_\_\_\_\_

d. List some principal projects completed by your organization:  
*(Add additional sheet(s) as necessary.)*

<b>Project</b>	<b>General or Subcontractor (if sub, what type of work)</b>	<b>Your Contract Amount</b>	<b>Year</b>	<b>Design Architect or Engineer</b>	<b>Owners' Name</b>

e. If General Contractor, list some subcontractors in various fields who have worked under you:  
 \_\_\_\_\_

f. If Sub-contractor, list some General Contractors for whom you have worked:

\_\_\_\_\_

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

\$\_\_\_\_\_

(2) What is the monetary value of the largest project accomplished by your organization in last three (3) years: \$\_\_\_\_\_

(3) Maximum value you prefer to undertake: \$\_\_\_\_\_

(4) Price range of work your organization is deemed best adapted to undertake: \$\_\_\_\_\_

h. 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.)**

i. 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.**

j. List four (4) references for whom your company has provided services - must be within the past three (3) years. Provide all information requested.

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: \_\_\_\_\_

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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 \_\_\_\_\_