



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: Stephanie Sydnor
Planning and Construction Specialist
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Prince Frederick, MD 20678
443-550-8766
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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: _____
 Company Website: _____
 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. Is any member of your organization employed by CCPS or in any way officially connected with CCPS? Yes No

If yes, please explain:

_____.

- d. 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:

_____.

- e. Has your organization ever been part of any litigation because of construction methods, costs, etc.? Yes No

If yes, please explain:

_____.

- f. 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.

_____.

- g. 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:

_____.

- h. 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:

_____.

PART II. - FINANCIAL INFORMATION

a. Provide the value of all construction equipment owned by your organization:
\$ _____

b. 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

c. Give the value of total assets of your organization (including equipment value above).
\$ _____

d. Give value of total liabilities of your organization. \$ _____

e. Give the total contract value of work accomplished by your organization in each of the last three (3) years.

\$ _____ Date: _____
 \$ _____ Date: _____
 \$ _____ Date: _____

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

\$ _____ Date: _____

g. Give value of any judgments or liens outstanding against your organization. \$ _____

h. Has any bonding company refused to write you a bond on any construction work?

Yes No If yes, explain:

i. Has your performance or payment bond ever been called upon for any of your projects?

Yes No If yes, explain:

j. Give the **maximum value per project** for which you can obtain Bond. \$ _____

k. Give the **maximum aggregate amount** for which you can obtain Bond. \$ _____

l. 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

PART III. - EXPERIENCE

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

- General Contractor: Years _____
- Subcontractor:
- Trade/discipline: _____ Years _____
- Trade/discipline: _____ Years _____

b. 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.)

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

d. 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

- e. (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 the last three (3) years: \$ _____
- (3) Maximum value of a project you prefer to undertake: \$ _____
- (4) Price range of work your organization is deemed best adapted to undertake: \$ _____

f. 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)

g. 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.**

h. If General Contractor, list subcontractors in various fields who have worked under you:

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

j. 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 _____