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)*		PERCENT 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 DISCONTINUED BUSINESS OPERATIONS WITH 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 STATEMENTS ☐ 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 below)*	
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 below)*		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			
Cost of Goods Sold		**Total Costs and Expenses**	
Depreciation and Amortization			
Selling, General, and Admin. Expenses		Earnings Before Taxes	
Interest Expense		Taxes on Income	
Other Expenses *(Itemize below)*		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		EXTENSION	AREA CODE	NUMBER		EXTENSION
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?

☐ NO ☐ YES *(Explain in Section VII, Remarks)*

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?

☐ YES ☐ NO

41B. TOTAL LIABILITY ($)

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	EXTENSION	AREA CODE	NUMBER	EXTENSION
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	EXTENSION	AREA CODE	NUMBER	EXTENSION
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 Amount ($)						
F. Percent Completed						
G. Estimated Completion 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 Amount ($)						
F. Percent Completed						
G. Estimated Completion 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 Amount ($)						
F. Percent Completed						
G. Estimated Completion 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 Amount ($)						
F. Percent Completed						
G. Estimated Completion 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		EXTENSION	AREA CODE	NUMBER		EXTENSION
E. Type of Work								
F. Contract Amount ($)								
G. Amount Sublet ($)								

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		EXTENSION	AREA CODE	NUMBER		EXTENSION
E. Type of Work								
F. Contract Amount ($)								
G. Amount Sublet ($)								

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		EXTENSION	AREA CODE	NUMBER		EXTENSION
E. Type of Work								
F. Contract Amount ($)								
G. Amount Sublet ($)								

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		EXTENSION	AREA CODE	NUMBER	EXTENSION
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)* ☐ YES ☐ NO	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

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 U.S. 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)*	