ECC Prequalification Questionnaire

*Only those Offerors who can meet all of the above requirements should complete the following questionnaire. This step is pre-qualification only. Any and all information transmitted by the Of- feror, up to and including Offeror’s response to Request for Proposal, shall be used to continual- ly verify Offeror’s qualifications to perform the work. Failure to meet all requirements, at any time, may deem Offeror ineligible for award. Potential Offerors shall submit their response to*

*the following Prequalification Questionnaire in a single Microsoft Word file via e-mail to*

*Ewebb@ecc.net Responses received after N/A might not be considered. Receipt of responses will be acknowledged by e-mail.*

Name of Participating Firm:

Address of Participating Firm:

|  |  |
| --- | --- |
| Point(s) of Contact (POC): |  |
| Telephone Number(s) of POC: |  |
| Facsimile Number(s) of POC: |  |
| Email Address(s) of POC: |  |

1. Provide the general organization and structure of participating firm and identify what re- sources and/or scope elements your firm can provide.

2. List and describe the contracts awarded to the participating firm during the past three (3) years for performance of your type work. Give name and telephone number of client person to contact for each contract.

3. List and describe the contracts awarded to the participating firm during the past two (2)

years for performance of work in zones of (specific your geographical coverage area)

. Give name and telephone number of client person to contact.

4. List participating firm’s current active projects in excess of $1 million dollars with award date, award value, description of work and current percentage of work complete.

5. Provide participating firm’s current backlog. Backlog should include the anticipated contract amount, anticipated start date and completion date.

6. Representations & Certifications.

a. Please complete ECC’s Representations & Certifications and upload to ECC’ Pre- Qualification website as a separate attachment from this Pre-Qualification Questionnaire.

b. Small business shall provide evidence of small business status in accordance with relevant NAICS. Small, Small Disadvantaged, Women-Owned, HUBZone, Veteran-Owned and Service-Disabled Veteran-Owned businesses may team with other firms in accordance with the Code of Federal Regulations, CFR Part 121 “Small Business Size Regulations.

7. Bonding Capability

a. Please indicate whether you can provide a bid guarantee and if so, in what form and what

are your firm’s limits.

b. List the highest value for a Miller Act performance bond y o u r f i r m has obtained during the last 36 months.

c. List the highest value for a Miller Act Bond that your firm would be capable of providing. d. On Broker/Surety Letterhead, please provide:

1) Name and AM Best R ating of the surety handling bonding requirements

2) Date your firm first bonded through this surety

3) Existing single and aggregate bond capacity

4) Available bond capacity as of the date of this letter

5) Broker/Surety general comments as to character, business qualifications, etc.

6) Name of agent and contact i n f o r m a t i o n i n c l u d i n g p h o n e number

7) Signed by the insurer or the broker as attorney-in-fact

8) A generic Surety Letter (dated within 6 months) is accepted for general prequalification;

however, if the company is pursuing a specific project with ECC you should request a

“project specific” beauty letter from the surety confirming ability to bond this specific project.

9) Confirm Federal Treasury listing: <http://www.fms.treas.gov/c570/c570_a->z.html

8. Financial Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Pre-Qualification Element** | Most Recent  Reporting Period for the Current Year | Audited  Financial Information for Last Year | Audited  Financial Information for Two Years Ago |
| Current Balance Sheet | Total Assets |  |  |  |
| Current liabilities |  |  |  |
| Other liabilities |  |  |  |
| Total liabilities |  |  |  |
| Stock Equity |  |  |  |
| Total Liabilities + Stock Equity |  |  |  |
| Debt to Equity Ratio |  |  |  |
| Cash and Cash Equivalents |  |  |  |
| Current Income Statement | Gross Revenue |  |  |  |
| Cost of Revenue |  |  |  |
| Gross Profit |  |  |  |
| Operating Costs |  |  |  |
| Operating Profit |  |  |  |
| Other Income/Expense |  |  |  |
| Net Income |  |  |  |
| Net Margin (%) |  |  |  |
| Retained Earnings |  |  |  |

a. Provide your firm’s most recent CPA-prepared financial statements, including:

1) Executed Opinion Letter

2) Balance Sheet

3) Income Statement

4) Statement of Cash Flows

5) Footnotes

6) Note: If statements are older than six (6) months, then please also include a recent internally prepared income statement and balance sheet.

b. On Bank Letterhead, please provide:

1) Date account opened

2) Average checking balance for the past twelve months, and current checking and savings balances

3) The dollar figures of the Line of Credit and the present amount in use (Note: Terminology of “low”, “medium” or “high” is not acceptable)

4) Expiration date of the Line of Credit

5) Bank’s general recommendations as to firm’s character, business qualifications, etc.

6) Name of agent and contact i n f o r m a t i o n i n c l u d i n g p h o n e number

7) Signed with name of bank officer, title, and date

9. Insurance

|  |  |  |
| --- | --- | --- |
| **Insurance Policy** | | **Coverage** |
| General Liability Insurance | Carrier |  |
| Carrier rating |  |
| General Aggregate |  |
| Products - Completed/Op Aggregate |  |
| Personal and Advertisement Injury |  |
| Each Occurrence |  |
| Fire damage |  |
| Medical expense (any one person) |  |
| Auto Liability | Carrier |  |
| Carrier rating |  |
| Combined single limit |  |
| Bodily Injury (per person) |  |
| Bodily Injury (per accident) |  |
| Property damage |  |
| Workers  Comp/DBA | Carrier |  |
| Carrier rating |  |
| Each accident |  |
| Disease (policy limit) |  |
| Disease (each employee) |  |
| Pollution | Carrier |  |
| Carrier rating |  |
| Per occurrence |  |
| Aggregate |  |
| Professional | Carrier |  |
| Carrier rating |  |
| Per occurrence |  |
| Aggregate |  |

Please provide geographical coverage for the various policies. Provide all other insurance policy information relevant to the opportunity.

10. Legal History

a. Please list what year your firm was founded and any changes to the company officers and management that have occurred in the last five (5) years.

b. Please list all claims, lawsuits, arbitrations, or other legal actions against your firm in the past 6 years. Include current status and judgments rendered, if any. Attach additional sheets if necessary and to explain any “Yes” responses.

|  |  |
| --- | --- |
| **Legal History** | **Yes / No** |
| Claims, lawsuits, arbitrations or other legal actions within the past 6 years? |  |
| Bankruptcy Filings? |  |
| Significant Litigation? |  |
| Has your firm ever been terminated for default? |  |
| Has your firm ever not fulfilled a subcontract? |  |
|  |  |

11. Past Performance on Government contracts. Please provide copies of any CCASS, ACASS, CPARS, or other performance report ratings from the US Government in the past 5 years. Include interim and final ratings. If you have no performance ratings from the Government, please state “none.”

12. Health & Safety

a. Please complete the following:

|  |  |
| --- | --- |
| **Pre-Qualification Element** | **Details** |
| Experience Modification Rate (5 yr avg) (a) |  |
| Experience Modification Rate (last year) (a) |  |
| OSHA Recordable Incident Rate (5 yr avg) (b) |  |
| OSHA Recordable Incident Rate (last year) (b) |  |
| Severity Incident Rate (5 yr avg) (c) |  |
| Severity Incident Rate (last year) (c) |  |

Notes:

(a) Experience modification rate set by insurance carrier based on company experience and group experience

(Target value <1.00)

(b) Recordable Incident Rate = # Recordable Injuries x 200,000/# Manhours per year (Target <10) (c) Severity Incident Rate = # Lost Work Days x 200,000/# Manhours per year (Target <15)

b. Please complete ECC’s ESQ Questionnaire and upload to ECC’ Pre-Qualification website as a separate attachment from this Pre-Qualification Questionnaire.

**Submitted By:**

Name of Company:

Signature of Company Officer:

Name of Company Officer:

Title of Company Officer:

Date: